






STATE OF NEBRASKA

Department of Health and Human Services
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117

APPLICATION TO TAKE THE EXAMINATION (National Counselor, Social Work, or Marriage and Family Therapy Examination)

(Print or Type)

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| SECTION A - PERSONAL INFORMATION (All applicants must complete this section) Questions 1-4 are public information and will be accessible on the internet under: http://www.hhs.state.ne.us/lis/lisindex.htm | | | | |
| 1 | Name: | First: | MI: | Last: |
| 2 | Public Address: | PO/Street/Route: | | |
| | | City: | State: | Zip: |
| 3 | Telephone #: (Optional) | | | |
| 4 | Date of Birth: | Place of Birth: | | |
| (If your transcript does not verify proof of age, submit evidence of age of majority, ie: birth certificate, marriage license, driver's license, or similar documentation – YOU DO NOT NEED TO SEND THIS INFORMATION AGAIN IF YOU HAVE DONE SO ALREADY.) | | | | |
| 5 | Social Security # (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB): | | | SS#: |
| 6 | Do You Have a Disability That Requires Any Accommodations for Taking the Examination? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, an "Accommodation Request" Form (Attachment G) must Be Requested from our office and Submitted by the Examination Deadline Date. |

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| SECTION B - EXAMINATION CATEGORY Check the appropriate examination you wish to take. An individual who by reason of educational background is eligible for certification as a certified master social worker, a certified professional counselor, or a certified marriage and family therapist must take and pass the examination their educational background qualifies them for. An applicant who does not meet the educational background for one of the associated fields must take the NBCC/NCE or the NBCC/NCMHCE. | |
| <p>◆ Social Work Examination: Association of Social Work Boards (ASWB) Examination</p> <p><input type="checkbox"/> Clinical Category (the clinical category must be taken if applying for a Mental Health Practitioner License) For purposes of examination registration, you must print your name on the line below exactly as it appears on your current government-issued photo I.D.: _____</p> <p><input type="checkbox"/> Advanced Category (if applying only for CMSW and NOT MHP) For purposes of examination registration, you must print your name on the line below exactly as it appears on your current government-issued photo I.D.: _____</p> | <p>Examination Fee Must be paid and sent directly to ASWB </p> <p>You must also send (directly to ASWB) the examination registration application (found in the center of the ASWB Candidate Handbook).</p> |
| <p><input type="checkbox"/> Marriage and Family Therapy Examination (AMFTRB)</p> | <p>Examination Fee must be paid and sent directly to PES </p> |
| <p>◆ National Counselor Examination</p> <p><input type="checkbox"/> National Counselor Examination (NCE); OR</p> <p><input type="checkbox"/> National Clinical Mental Health Counselor Examination (NBCC/NCMHCE)</p> <p>Month you wish to test <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October</p> | <p>FEE: \$80.00 </p> <p>Make payable to 'Credentialing Division'</p> |

IF YOU HAVE ALREADY SUBMITTED A PROVISIONAL LICENSE APPLICATION, YOU DO NOT NEED TO COMPLETE THIS SECTION OR ATTACHMENT F1.

SECTION C – MENTAL HEALTH COURSEWORK:

YOU MUST SUBMIT: An official transcript verifying receipt of your master's or doctorate degree

If you received a master's degree from one of the following accredited programs, you do not have to complete the information listed below in coursework review:

Check applicable accreditation:

- ☐ Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- ☐ Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- ☐ Council on Social work Education (CSWE)
- ☐ American Psychological Association (APA)

COURSEWORK REVIEW

If you received a master's degree from a program other than those listed as accredited, your degree must consist of course work and training which was primarily therapeutic mental health in content from an institution of higher education approved by for the Council for Higher Education Accreditation (CHEA) or its successor; and you must submit course descriptions for each course(s) listed below (course descriptions may be copies found in the college catalogue, bulletin, or syllabus)

(Please list the name of the course, the course number and the name of the institution in which the course was completed).

PRACTICUM OR INTERNSHIP *(If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable) **Your supervisor or internship director must submit Attachment C1 to verify fulfillment of the practicum/internship requirement.***

| Name of Course | Course Number | College/University |
|----------------|---------------|--------------------|
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If your **practicum** was **completed prior to September 1, 1995**, there is no hour requirement and Attachment C1 is not required – however, you must still list the practicum/internship above.

Coursework Area Required by Nebraska

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: At least 6 semester hours or 9 quarter hours.

Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
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2. PROFESSIONAL ETHICS AND ORIENTATION: At least 3 semester hours or 4.5 quarter hours. The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

| Name of Course(s) | Course Number | College/University |
|-------------------|---------------|--------------------|
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| 3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: At least 3 semester hours or 4.5 quarter hours. Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are: ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions. | | |
| <i>Name of Course(s)</i> | Course Number | College/University |
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| 4. HUMAN GROWTH AND DEVELOPMENT: At least 3 semester hours or 4.5 quarter hours. The intergration of the psychological, sociological and biological approaches within the life cycle. Examples are: awareness of culture, gender, or human sexuality at <u>all</u> developmental levels, human behavior (normal and abnormal), personality theory, and learning theory. | | |
| <i>Name of Course(s)</i> | Course Number | College/University |
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| 5. RESEARCH AND EVALUATION: At least 3 semester hours or 4.5 quarter hours. Includes such areas as statistics or research design and development of research and demonstration proposals. | | |
| <i>Name of Course(s)</i> | Course Number | College/University |
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Undergraduate Courses Graduate programs accepting an undergraduate course(s) as meeting the above course criteria will be acceptable. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

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| For Office Use Only Date reviewed: _____ by: _____ |
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IF YOU HAVE ALREADY SUBMITTED AN OFFICIAL TRANSCRIPT, YOU DO NOT HAVE TO COMPLETE THIS SECTION.

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| SECTION D – EDUCATION (All applicants must complete this section and submit or cause to be submitted an Official transcript of a mental health related Master's degree. NOTE: THE MASTER'S DEGREE MUST BE CONFERRED BEFORE THE APPLICANT IS ELIGIBLE TO SIT FOR THE EXAMINATION.) | | | |
| <input type="checkbox"/> Transcript attached | | | |
| <input type="checkbox"/> Transcript forwarded: | | Last name on the transcript: | |
| INSTITUTION Name | | | |
| Address | | Street/PO/Route: | |
| | | City: | State: |
| Month and Year degree granted: | | | |
| Degree: | | | |
| Major: | | | |

COMPLETE THIS SECTION ONLY IF YOU ARE TAKING THE NATIONAL COUNSELOR EXAMINATION. MARRIAGE & FAMILY THERAPY EXAMINATION (NOT REQUIRED IF YOU ARE TAKING THE SOCIAL WORK EXAMINATION)

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| SECTION E – PHOTOGRAPH (Applicants must provide a photograph for the purpose of identification and admission to the examination. Applicants may request to have the photograph returned to them following the examination.) |
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Attach a recent photograph in the space provided to the right, measuring approximately 2" x 3" and signed across the front. Picture must be a frontal view of applicant's head and shoulders.

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| SECTION F – ATTESTATION |
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I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced without a mental health credential in Nebraska prior to this application for licensure; **or**
☐ I have practiced in Nebraska without a mental health credential prior to this application for licensure.

____ number of days in Nebraska prior to July 1, 2004
 ____ number of days in Nebraska after July 1, 2004

(Signature of Applicant)

date

FORWARD THIS COMPLETED FORM TO:

Credentialing Division
P. O. Box 94986
Lincoln, NE 68509-4986
(402) 471-2117

***If your practicum/internship was completed after
September 1, 1995,
this form **MUST** be completed by the
on-site supervisor or internship director.***

**AFFIDAVIT OF SUPERVISED
PRACTICUM OR INTERNSHIP FOR
MENTAL HEALTH PRACTICE**

I, _____,
(PRINT supervisor's name)

state that I am a qualified supervisor, in the profession of ☐ mental health practice ☐ marriage and family therapy

☐ social work ☐ psychology, and that I am acquainted with _____ and he/she

has completed a practicum/internship, which included a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting, providing mental health services under my supervision.

➔ **Mental Health Services means** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

Marriage and Family Therapy: If the applicant is also applying for certification as a Marriage and Family Therapist, the following must be completed:

I _____, further verify that the above named applicant has at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

I hereby state that I am the person completing this form and the statements are true and complete.

Date

(Print/type) SUPERVISOR Name Title

License/Certificate number
of Supervisor

AGENCY/INSTITUTION

STREET ADDRESS

CITY

STATE

ZIP

SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

You may make additional copies of this form if supervised by more than one supervisor